

I/We _____
Name of parents

authorize my under age child(ren) _____
Name of minor(s)

to travel at any time to Brazil and within the boundaries of Brazil, as well as to return to the United States, unaccompanied or in the company of _____
Name

He/She is going to be with my child(ren) 24/7 while in Brazil.

He/She is going to be responsible for my child(ren)'s liability and health.

_____, _____ / _____ / _____
City month day year

Father's name (print)

Father's signature

Mother's name (print)

Mother's signature

The signatures must be notarized by a notary public of your choice, in your state of residence.